

J# 0228708

21CT6934 SB

#2036

ADMINISTRATION		OBTS Number		<b>ARREST / NOTICE TO APPEAR Juvenile Referral Report</b>				1. Arrest <input type="checkbox"/> 2. N.T.A. <input type="checkbox"/> 3. Request for Warrant <input type="checkbox"/> 4. Request for Capias <input type="checkbox"/>		1 <input type="checkbox"/> Juvenile <input checked="" type="checkbox"/> N <input type="checkbox"/>													
		Agency ORI Number <b>FL 0500300</b>		Agency Name <b>BOYNTON BEACH POLICE DEPT.</b>				Agency Report Number <b>34-21-021362</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 type="checkbox"/> 4. Traffic Misdemeanor <input checked="" type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other <input type="checkbox"/>		If Weapon Seized Enter Type		Multiple Clearance Indicator																	
		Location of Arrest (Including Name of Business) <b>W Gateway Blvd &amp; N Congress Ave, Boynton Beach, FL</b>						Location of Offense (Business Name, Address) <b>W Gateway Blvd &amp; N Congress Ave., Boynton Beach, FL</b>															
DEFENDANT		Date of Arrest <b>04/27/2021</b>		Time of Arrest <b>0032</b>		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle									
		Name (Last, First, Middle) <b>Croteau Jr, Robert, Francis</b>						Alias (Name DOB, Soc. Sec. #, Etc)															
		W - White <input type="checkbox"/> I - American Indian <input type="checkbox"/> B - Black <input type="checkbox"/> O - Oriental / Asian <input type="checkbox"/>		Race <b>W</b>		Sex <b>M</b>		Date of Birth <b>12/05/1978</b>		Height <b>5'8</b>		Weight <b>150</b>		Eye Color <b>Brown</b>		Hair Color <b>Gray</b>							
		Complexion <b>Fair</b>		Build <b>Small</b>		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status <b>Single</b>		Religion <b>Unk</b>		Indication of: Alcohol Influence <input type="checkbox"/> Drug Influence <input type="checkbox"/>		Y <input type="checkbox"/> N <input type="checkbox"/> Unk <input type="checkbox"/>									
		Local Address (Street, Apt. Number) (City) (State) (Zip) <b>2233 NE 3RD AVE, Boca Raton Florida, 33431</b>						Phone <b>( ) -</b>		Residence Type 1. City 3. Florida 2. County 4. Out of State <b>1</b>													
		Permanent Address (Street, Apt. Number) (City) (State) (Zip)						Phone <b>( ) -</b>		Address Source <b>FL DL</b>													
		Business Address (Street, Apt. Number) (City) (State) (Zip)						Phone <b>( ) -</b>		Occupation <b>Outback</b>													
		DL Number State <b>C630-766-78-445-0 FL</b>						INS Number		Place of Birth <b>WPB, Florida</b>		Citizenship <b>USA</b>											
		CO-DEF		Co-Defendant Name (Last, First, Middle) <b>[REDACTED]</b> Race Sex Date of Birth <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile																			
				Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth <input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile																			
JUVENILE		Parent Name (Last) (First) (Middle) <b>1. OR</b>						Residence Phone															
		Legal Custodian <input type="checkbox"/> Other <input type="checkbox"/>																					
		Address (Street, Apt. Number) (City) (State) (Zip) <b>2. OR</b>						Business Phone															
		Notified by: (Name) (Date) (Time) <b>3. OR</b>						Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT HRS/DYS 3. Incarcerated															
		Released To: (Name) Relationship Date Time																					
CHARGE		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"/> Description of Property						Value of Property															
		Yes <input type="checkbox"/> No <input type="checkbox"/>																					
		Drug Activity		S. Sell		R. Smuggle		K. Dispense/Distribute		M. Manufacture/Produce/Cultivate		Z. Other		Drug Type		B. Barbituate		H. Hallucinogen		P. Paraphernalia/Equipment		U. Unknown	
		N. N/A		B. Buy		D. Deliver								N. N/A		C. Cocaine		M. Marijuana		S. Synthetic			
		P. Possess		T. Traffic		E. Use								A. Amphetamine		E. Heroin		O. Opium/Deriv.		Z. Other			
		Charge Description		Counts		Domestic Violence		Statute Violation Number		Violation of ORD#													
		<b>DUI</b>		<b>1</b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>316.193.1A</b>															
		Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond											
		<b>21-021362</b>																					
Charge Description		Counts		Domestic Violence		Statute Violation Number		Violation of ORD#															
<b>Refused to Sign Criminal Citation</b>		<b>1</b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>318.14.3</b>																	
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond													
<b>21-021362</b>																							
Charge Description		Counts		Domestic Violence		Statute Violation Number		Violation of ORD#															
<b>Refusal to Submit to Breath Test 2nd Time</b>		<b>1</b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>316.1939(1)</b>																	
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond													
<b>21-021362</b>																							
Charge Description		Counts		Domestic Violence		Statute Violation Number		Violation of ORD#															
<b>[REDACTED]</b>		<b>[REDACTED]</b>		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>[REDACTED]</b>																	
Drug Activity		Drug Type		Amount/Unit		Offense #		Warrant/Capias Number		Bond													
<b>[REDACTED]</b>																							
NOTICE TO APPEAR		Instruction No. 1 <input type="checkbox"/> Instruction No. 2 <input type="checkbox"/> Location (Court, Room Number, Address) <b>South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444</b>						Court Date and Time Month <b>May</b> Day <b>17</b> Year <b>2021</b> Time <b>8:30</b> <input checked="" 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.						04/27/21															
		Signature of Defendant (or Juvenile and Parent/Custodian)						Date Signed															
ADMIN.		HOLD for other Agency Name: <b>[REDACTED]</b> Signature of Arresting Officer: <b>[Signature]</b> Name Verification (Printed by Arrestee) (PRINT) <b>BU#116567</b>																					
		Name of Arresting Officer (Print) <b>L. Nalerio</b> I.D. # <b>982</b>																					
		Intake Deputy <b>[Signature]</b> I.D. # <b>682</b> Pouch # <b>[REDACTED]</b> Transporting Officer <b>L. Nalerio</b> I.D. # <b>982</b> Agency <b>BBPD</b>						Witness here is subject Signed with an "X" <b>[Signature]</b>															
								Page <b>1 OF 1</b>															

## D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 27 DAY OF April 2021 AT 0032 ☒ A.M ☐ P.M.

CASE #: 21-021362

DEFENDANT: Croteau Jr, Robert, Francis

### PERSONAL CONTACT/DRIVING PATTERN/OBSERVATION OF DRIVER:

On 4/27/21 at approximately 0240 hours, I responded to the area of W Gateway Blvd and N Congress Ave in reference to backing up FWC Ofc. Brodbeck ID-N957 (FWCS21OFF011417) on a traffic stop that he initiated on a Tan Lincoln MKS bearing FL tag Y42HCL. Ofc. Brodbeck advised to me of the following; While Brodbeck was travelling east on W Gateway Blvd just west of the intersection of N Congress Ave. Ofc. Brodbeck observed the Lincoln travelling east bound on W Gateway Blvd in the right lane. There, Ofc. Brodbeck observed the Lincoln veering of the lane and hit the curb on W Gateway Blvd. The Lincoln then veered back to its lane, where it reached the intersection of N Congress Ave; at a red traffic light. Once the traffic light turned green, the Lincoln stayed stationary while the light was green for a couple seconds. Once the Lincoln started travelling east on W Gateway Blvd, it was swerving all over the road. Upon arrival Ofc. Brodbeck was outside speaking with driver of the vehicle Robert Croteau. Immediately, I observed Croteau unsteady on his feet and almost falling to the ground. Croteau was using his vehicle for balance. Every time Croteau spoke, I could smell a heavy odor of an unknown alcoholic beverage coming from his mouth. Croteau had very slurred speech. Croteau was also heavily swaying swaying back and forth.

Based on the above, Croteau was asked if he would submit to Standardized Field Sobriety Exercises, Croteau first agreed to partake in the exercises. Croteau was asked if he had any injuries, or issues with his eyesight, which he stated that he did not.

Croteau was asked to stand on a line with his feet together and arms down at his sides. Croteau was losing balance and unable to stand on the line with his feet together. Croteau lost balance several times. Croteau was asked if he wanted to do seated task which he advised that he said that he didn't. Croteau was unable to stand in the instructional stay. While I was speaking to Croteau outside of the vehicle and explaining him the instructions, I could still smell the strong odor of an unknown alcoholic beverage coming from his mouth. Croteau then became belligerent and advised that he didn't want to try the exercise anymore. I advised Croteau of the Taylor Warnings which he advised still advised he didn't want to partake in the exercises anymore. Croteau told me that he was at Outback drinking alcoholic beverages with his girlfriend and told me that he had 2 'shots'.

Based on the initial indicators that I observed on scene, during the encounter and the indicators that I observed during the SFST exercises, I placed Croteau under arrest for DUI (316.193.1A).

I then transported Croteau to PBCJ BAT. I arrived at the facility at 0324 hours and I started my 20 minutes observation at 0325. Upon completion, I requested Croteau to provide a sample of his breath to determine the alcohol content, Croteau refused the breath test. Implied consent was read to Croteau and he refused once again. Refusal time was at 0353 hours. Croteau was advised of his Miranda Rights for the QUESTIONS AND ANSWERS; Croteau refused to answer any questions.

Croteau vehicle was parked at Starbucks parking lot secured. Croteau issued a warning for the traffic infractions.

**HORIZONTAL GAZE NYSTAGMUS:**

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

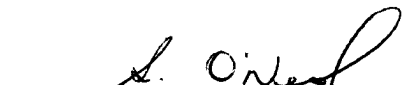
**ONE LEG STAND:**

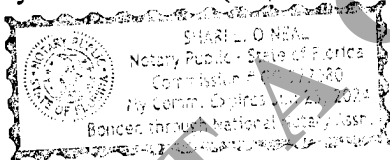
**FINGER TO NOSE:**


**ROMBERG/ALPHABET:**

The following instrument was sworn to before me this 27 day of April 2021

By: Ofc. Nalerio

  
Notary/Police Officer (F.S.S. 117.10)



  
Signature of Arresting Officer

# TESTING FACILITY TASK REPORT

AGENCY: BBPD OFC. NALERIO #982

SUBJECT: CROTEAU JR., ROBERT F. CASE NUMBER: 21-059557

DATE: 04-27-21 VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0349 HRS ENDING TIME: 0354 HRS

BREATH TESTS PERFORMED: 1) TIME 0353 A.M. ☒ P.M. ☐ 2) TIME A.M. ☐ P.M. ☐  
3) TIME A.M. ☐ P.M. ☐ 4) TIME A.M. ☐ P.M. ☐

BREATH OPERATOR: S.O'NEAL #6212

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: THICK, SLUR, ARGUMENTATIVE

ATTITUDE: AGITATED, UPSET, SARCASTIC, UNCOOPERATIVE, MOODSWINGS, OBNOXIOUS

CLOTHING: SHIRT- GRAY/WORK/OUTBACK PANTS-BLACK

MEDICAL CONDITIONS: NONE

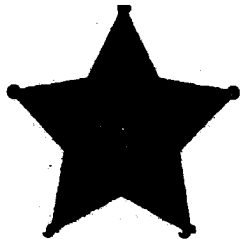
MEDICATIONS: NONE

## OTHER:

EYES: RED, GLASSY

## COMMENTS:

20 MIN. OBSERVATION DONE BY A/O NALERIO #982  
D HAD BEEN DIFFICULT, UNCOOPERATIVE AND OBNOXIOUS SINCE HE ARRIVED AT THE BAT FACILITY.  
D WAS ARGUMENTATIVE ON AND OFF CAMERA.  
A/O REQUESTED THE BREATH TEST ON CAMERA.  
D REFUSED THE BREATH REQUEST, A/O READ THE IMPLIED CONSENT ON CAMERA.  
HE ASKED THE D AGAIN WOULD HE SUBMIT TO THE REQUEST.  
D REFUSED TO ANSWER CORRECTLY WAS BEING UNCOOPERATIVE, A/O TOOK IT AS A REFUSAL.  
C/W READ ON CAMERA, NO Q&A



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

PBSO CASE # 21-059557 PBSO ZONE 6-33

AGENCY CASE # 21-021362 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 0240 DATE 04/27/21 DAY Tuesday

SUBJECT'S NAME Robert, Croteau RACE W SEX M

HGT 5'5 WGT 170 DOB 12/05/1978

LOCATION W Gateway Blvd & N Congress Ave

ARRESTING OFFICER'S NAME & ID Nalerio 982 AGENCY BBPD

DIVISION: Patrol

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 0325 hrs

BREATH RESULTS:

Arrest Time 0302

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

TESTING OFFICER'S ID 6212

**STATE OF FLORIDA**  
**DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES**  
**AFFIDAVIT OF REFUSAL TO SUBMIT TO**  
**BREATH AND/OR URINE TEST**

I, Ofc Nalerio, a duly certified Law Enforcement Officer or Correctional Officer,  
(Name of Officer reading Implied Consent Warning)

am a member of Boynton Beach Police, and I do swear  
(Name of law enforcement agency)

or affirm that on or about the 27th day of April, 20 21, at 0349 ☐ P.M. ☒ A.M.

DRIVER Robert, Francis, Croteau Jr

(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# C630-766-78-445-0, state of FLORIDA, was placed under lawful arrest for

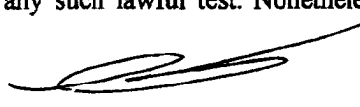
the offense of DUI by OFC.NALERIO and  
(Name of Arresting Officer)

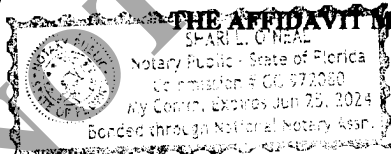
issued Citation # AC8637E

That on or about the 27TH day of APRIL, 20 21, at 0353 ☐ P.M. ☒ A.M.

in PALM BEACH County,

I requested that the driver submit to a ☒ breath and/or ☐ urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

  
\_\_\_\_\_  
Signature of Law Enforcement Officer or  
Correctional Officer



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before

me this 27 day of APRIL, 20 21,

by OFC.NALERIO,

who is personally known to me or who has produced

as identification

Notary Public S. O'Neal

HSMV-BAR1001 (REV. 10/2016)

The foregoing instrument was sworn and subscribed before me:

\_\_\_\_\_  
Signature of Attesting Officer

Title \_\_\_\_\_

Date \_\_\_\_\_

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

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) \_\_\_\_\_

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





**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)
<b>L/E Exemptions</b>	<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.	
<b>Public Info. Exemptions</b>	<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.	
<b>Florida Rules of Judicial Administration 2.420 (Rule of 23)</b>	<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"/>			
<b>Other</b>	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

**Booking Number:** 2021010155

**Date:** 04/27/2021

**Specialist Name/ID:** T Howard/7185