

0525859

21CF-7554

1301

ARREST / NOTICE TO APPEAR

1 Arrest 3 Request for Warrant
2 N.T.A 4 Request for Capias

1

JUVENILE

OBTS Number	Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4, 0 21-010834	
Charge Type Check as many as apply: <input type="checkbox"/> 1 Felony <input checked="" type="checkbox"/> 2 Traffic Felony	<input type="checkbox"/> 3 Misdemeanor <input checked="" type="checkbox"/> 4 Traffic Misdemeanor	<input type="checkbox"/> 5 Ordinance <input type="checkbox"/> 6 Other	If Weapon Seized Enter Type UNARMED		Multiple Clearance Indicator 2	
Location of Arrest (Including Name of Business) 37 W ATLANTIC AVE, DELRAY BEACH, FL			Location of Offense (Business Name, Address) 37 W ATLANTIC AVE, DELRAY BEACH, FL 33444			
Date of Arrest 09/11/2021	Time of Arrest 01:41	Booking Date 09/11/2021	Booking Time 01:51	Jail Date 09/11/2021	Jail Time 04:49	Location of Vehicle 37 W ATLANTIC AVE
Name (Last, First, Middle) DE CAPITO, ROGER LEE BARRETT			Alias:			
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian	Sex M	Date of Birth 06/10/1969	Height 5'08	Weight 190	Eye Color BROWN	Hair Color BROWN
Complexion FAIR			Build MEDIUM		Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status S		Religion CATHOLIC	
Local Address (Street, Apt. Number) (City) (State) (Zip) 180 NE 4TH AVE 408, DELRAY BEACH, FL 33483			Phone (561) 441-2040		Residence Type: 1 City 3 Florida 2 County 4 Out of State 1	
Permanent Address (Street, Apt. Number) (City) (State) (Zip) 180 NE 4TH AVE 408, DELRAY BEACH, FL 33483			Phone (561) 441-2040		Address Source FL DL	
Business Address (Name, Street) (City) (State) (Zip)			Phone		Occupation	
D/L Number, State D213732692100 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) WARREN, OH, United
Citizenship US			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						
Name (Last, First, Middle)						Residence Phone
<input type="checkbox"/> Parent <input type="checkbox"/> Other						Business Phone
<input type="checkbox"/> Legal Custodian						
Address (Street, Apt. Number) (City) (State) (Zip)						
Notified by: (Name)			Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated	
Released To: (Name)			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 355-2526) informed of any change of address.						Grade
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Description of Property			Value of Property
Drug Activity S. Sell N. N/A P. Possess			R. Smuggle D. Deliver E. Use	K. Disperse/ 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 POSSESSION OF CONTROLLED SUBSTANCE W/OUT A PRESCRIPTION Fentanyl				Statute Violation Number 893.13(6)(A)		Violation of ORD #
Drug Activity N	Drug Type	Amount / Unit	Offense # 21-010834	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number
Charge Description DRIVING WHILE UNDER INFLUENCE				Statute Violation Number 316.193(1)(A)		Violation of ORD #
Drug Activity N	Drug Type	Amount / Unit	Offense # 21-010834	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number
Charge Description				Statute Violation Number		Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Capias Number
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 type="checkbox"/> Potted Bond <input type="checkbox"/> South County Mental Health			<input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By	Released By
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) South County 200 W Atlantic Ave Delray Beach, FL 33444		
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.				Court Date and Time		
Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed		
HOLD for Other Agency			Signature of Arresting Officer		Name Verification (Printed by Arresting Officer)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal			Name of Arresting Officer (Print) WINDSOR, NICHOLAS		(PRINT)	
I.D. #			I.D. # 1029		PAGE 1 OF 1	
Pouch #			Transposing Officer WINDSOR		Witness here if subject signed with another person	

NR
Photo Available

SCANNED
SEP 12 2021
7:2

COURT STATE ATTORNEY AGENCY CENTRAL RECORDS JAIL CRIME ANALYSIS I.O. DEFENDANT

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 11th DAY OF September 20 21, AT 0123 AM PM

SUBJECT: De Capito, Roger Lee Barrett CASE NUMBER: 21-010834

AGENCY: DELRAY BEACH PD ARRESTING OFFICER: Windsor #1029

PERSONAL CONTACT

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

The following occurred in the City of Delray Beach, County of Palm Beach, FL.
On 09/11/21 at 0123hrs I was on patrol in my marked DBPD patrol vehicle at the intersection of W. Atlantic Ave. and I-95. I observed a black 2014 Ford F-150 Raptor (FL Tag #680RCL) exit I-95 southbound and continue eastbound on W. Atlantic Ave. The Ford accelerated rapidly and I followed the Ford to establish a pace of speed. There was moderate vehicle and pedestrian traffic on W. Atlantic Ave. In the 400 block of W. Atlantic Ave., I established a pace of speed for the Ford at 60mph in a posted 35mph speed zone. The Ford approached NW 1st Ave toward traffic barriers blocking the travel lane. The Ford abruptly slowed and made a left turn (north) from the eastbound travel lane when there was a separate marked left turn lane at the intersection. I activated my emergency lights of my patrol vehicle to conduct a traffic stop in the rear parking lot of 37 W. Atlantic Ave. I met with the white male driver and identified him by his FL DL as Roger Lee Barrett De Capito. De Capito was sitting in the driver seat with the engine running and vehicle key in the ignition. There was nobody else inside the Ford.

OBSERVATION OF DRIVER:

I smelled an odor of an unknown alcoholic beverage coming from De Capito. De Capito's eyes were red and had a glassy appearance. De Capito's speech was slurred and thick. De Capito had slow dexterity and had difficulty locating his DL in his wallet. De Capito face was flushed and was sweating. De Capito head bobbed side to side while sitting in the driver seat.

During inventory of prisoner property, I found a small clear plastic bag containing off white powder. I field tested the powder using a NARK II Fentanyl/Heroin Reagent test and it came backed positive for Fentanyl. After I prepared arrest paperwork, De Capito refused to sign his DUI traffic citation.

DRIVER'S STATEMENTS:

De Capito stated he started to drive at Seminole Coconut Creek Casino (5550 NW 40th St, Coconut Creek, FL 33073). De Capito stated he was on his way home when he was stopped by the police. De Capito stated he did not know he was traveling 60mph but stated he did stop for the red traffic signal at I-95. De Capito stated he slowed abruptly because he did not see the traffic barriers in the travel lane. De Capito stated he knew he made a left turn from the wrong lane. De Capito denied consuming any illegal drugs including marijuana prior to driving. De Capito denied consuming any prescription medications prior to driving. De Capito initially stated he consumed 1 to 2 beers and later admitted to consuming 3 beers between 2000hrs and 0030hrs. De Capito stated the beers were Miller Lite in a bottle. De Capito denied having any medical conditions that would affect his ability to operate a motor vehicle. De Capito denied having any problems with his eyes that were no corrected by glasses. De Capito stated his eyes were red because of allergies. De Capito refused to perform roadblocks and stated he did not want to ruin his future. I informed De Capito of Taylor Warning and he stated he understood Taylor Warning. After being advised of Taylor Warning, De Capito again refused to perform roadblocks.

ODORS:

I smelled an odor of an unknown alcoholic beverage coming from De Capito.

GENERAL OBSERVATIONS

SPEECH: Slurred and Thick

ATTITUDE: Polite and Respectful

CLOTHING: White Shirt, Blue Pants and Blue Shoes

MEDICAL/OTHER: Allergies

STATE OF FLORIDA
COUNTY OF PALM BEACH

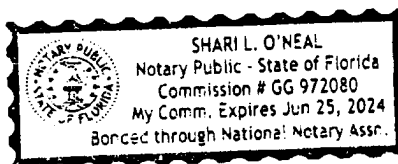
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 11th day of September 20 21 by Ofc. Windsor #1029

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

KNOWN

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



SCANNED
SEP 12 2021

SUBJECT: De Capito, Roger Lee Barrett CASE NUMBER DBPD #21-010834

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|--|--|
| <input type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

De Capito refused to perform roadside tasks.

WALK & TURN:

De Capito refused to perform roadside tasks.

ONE LEG STAND:

De Capito refused to perform roadside tasks.

FINGER TO NOSE:

De Capito refused to perform roadside tasks.

ROMBERG ALPHABET:

De Capito refused to perform roadside tasks.

BREATH TEST RESULTS:

1) Refused	2)	3)	4)
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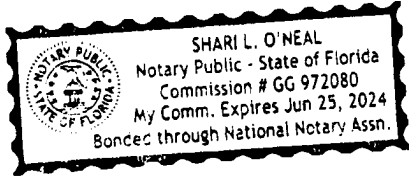
STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature]

(Signature of Arresting/Investigative Officer)
The foregoing instrument was sworn to or affirmed and subscribed before me this 11th day of September, 2021 by Ofc. Windsor #1029

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

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



SCANNED
SEP 12 2021

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

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

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

or affirm that on or about the 11th day of September, 20 21, at 0141 P.M. A.M.

DRIVER Roger Lee Barrett De Capito
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# D213732692100, state of Florida, was placed under lawful arrest for

the offense of Driving Under the Influence by Ofc. Windsor #1029 and
(Name of Arresting Officer)

issued Citation # AF6D87E

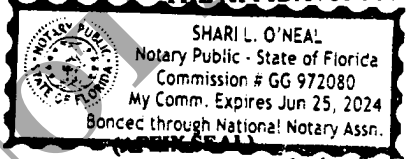
That on or about the 11th day of September, 20 21, at 0239 P.M. A.M.

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]
Signature of Law Enforcement Officer or
Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)



The foregoing instrument was sworn and subscribed before
me this 11 day of September, 20 20,

by _____,
who is personally known to me or who has produced

_____ as identification
Notary Public [Signature]

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.

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SEP 12 2021

WITNESS LIST

CASE NUMBER: DBPD #21-010834

ARRESTING OFFICER: OFC. WINDSOR #1029 DBPD

ADDRESS: 300 W ATLANTIC AVE., DELRAY BEACH, FL 33444

PHONE NUMBERS (HOME): _____ (WORK) 561-243-7800

CAN TESTIFY TO: TRAFFIC VIOLATIONS AND DUI PC

NAME: OFC. E. HERNANDEZ #1194 DBPD

ADDRESS: 300 W. ATLANTIC AVE., DELRAY BEACH, FL 33444

PHONE NUMBERS (HOME) _____ (WORK) 561-243-7800

CAN TESTIFY TO: BACKUP OFFICER

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: _____

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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: _____

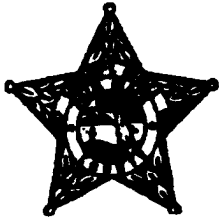
NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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SEP 12 2021



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

PBSO CASE # 21-105449 PBSO ZONE 4-12

AGENCY CASE # 21-010834 CRASH CASE # N/A

TIME OF STOP/CRASH 0123 DATE 09/11/21 DAY SATURDAY

SUBJECT'S NAME DE CAPITO, ROGER, LEE BARRETT RACE W SEX M

HGT 5'08" WGT 190 DOB 06/10/69

LOCATION 37 W ATLANTIC AVE., DERAY BEACH, FL

ARRESTING OFFICER'S NAME & ID WINDSOR #1029 AGENCY DERAY BEACH PD

DIVISION: CRD

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 0206

ARREST TIME 0141

BREATH RESULTS:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # 1

NOT A CERTIFIED COPY

REFUSED

SCANNED
SEP 12 2021

TESTING FACILITY TASK REPORT

AGENCY: DBPD OFC. WINDSOR #1029

SUBJECT: DE CAPITO, ROGER L. B.

CASE NUMBER: 21-105449

DATE: 09-11-21

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 02:37 HRS

ENDING TIME: 02:40 HRS

BREATH TESTS RESULTS: **REFUSED** 1) 39 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:

ATTITUDE: CALM, COOPERATIVE, TALKATIVE AT TIMES

CLOTHING: SHIRT- WHITE/BLUE PRINT PANTS- DRK BLUE JEANS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: VERY RED, GLASSY
FACE: FLUSHED

COMMENTS:

20 MIN. OBSERVATION CONDUCTED BY A/O WINDSOR #1029
A/O REQUESTED THE BREATH TEST.
D REFUSED THE BREATH REQUEST.
A/O READ THE IMPLIED CONSENT ON CAMERA.
D UNDERSTOOD THE I/C AS READ.
D STILL REFUSED THE BREATH REQUEST AFTER THE I/C WAS READ TO HIM.
C/W READ ON CAMERA. Q&A REFUSED.

SCANNED
SEP 12 2021

SUBJECT: X COPING, PINK 1.5. CASE NUMBER: 71-10834

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 ALBERT J. MADON of the ALCOHOL TRAFFIC DIVISION DPT.

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) [Signature]

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) [Signature]

SCANNED
SEP 12 2021

SUBJECT: 1st 1000, 1000 1.5. CASE NUMBER: 515D 11-18-17

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? _____

SCANNED
SEP 12 2021

INTERVIEWER: _____



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: 2021022703	Date: 9/12/2021
	Specialist Name/ID: M. Tooks #8557

SCANNED
SEP 12 2021