

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

2046 6733
1. Arrest
2. N.T.A.
3. Request for Warrant
4. Request for Copies

1 Juvenile N

OBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-20097409	
Charge Type: Check as many as apply.		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"/>	
Location of Arrest (Including Name of Business) CONGRESS AVE/ SUMMIT BLVD WEST PALM, FL, 33406		Location of Offense (Business Name, Address) CONGRESS AVE/ SUMMIT BLVD, WEST PALM, FL, 33406					
Date of Arrest 08/15/2020	Time of Arrest 00:10	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle GARDENS TOWING	
Name (Last, First, Middle) Rhoton Jr, Ronald, Eugene		Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex M	Date of Birth 1/2/1976	Height 5'08	Weight 185	Eye Color BROWN	Hair Color BALD	Complexion MED
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status	Religion	Indication of: Alcohol Influence <input type="checkbox"/> Drug Influence <input type="checkbox"/>		Y N Unit <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Local Address (Street, Apt. Number) 66 DOROTHY DR, WEST PALM BEACH FL 33415		(City)	(State)	(Zip)	Phone (561) 531 0266	Residence Type: 1. City 2. County 3. Florida 4. Out of State 2	
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source FL DL	
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation DISABLED	
O/I. Number, State R350725760020, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) FT. CARSON, CO	Citizenship YES
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <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"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 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. Panded/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 355-2528) informed of any change of address.				School Attended		Grade	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property			
Drug Activity S. Sell N. N/A P. Possess		R. Smuggle D. Deliver T. Traffic	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 DUI		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1A)		Violation of ORD #	
Drug Activity N	Drug Type N	Amount / Unit	Offense # 20097409	Warrant / Capias Number		Bond	
Charge Description POSS. OF MEDICATION W/O PERScription		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 893.13(6A)		Violation of ORD #	
Drug Activity P	Drug Type Z	Amount / Unit 8 XANAX	Offense # 20097409	Warrant / Capias Number		Bond	
Charge Description Refusal to accept summons		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 318.14(3)		Violation of ORD #	
Drug Activity N	Drug Type N	Amount / Unit	Offense # 20-097409	Warrant / Capias Number		Bond	
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" 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) 3228 GUN CLUB RD WEST PALM BEACH FL 33406		AUG 15 AM 8:13					
Court Date and Time Month 9 Day 10 Year 2020 Time 0830 AM X PM		I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED					
Signature of Defendant (or Juvenile and Parent /Custodian)		Date Signed 08/15/2020					
HOLD for other Agency Name:		Signature of Arresting Officer INV G. LYNCH 8568		Name Verification (Printed by Arrestee)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) INV G. LYNCH 8568		ID # 8568		(PRINT)	
Intake Deputy Spann Biel		Transporing Officer INV G. LYNCH 8568		ID # 8568		Agency PBSO	
Witness here if subject signed with an 'X'		PAGE 1		OF 1			

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

0439047

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CBTS Number		PROBABLE CAUSE AFFIDAVIT		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 06		20097409				
Charge Type: Check as many as apply		Special Notes						
<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other								
Defendant Name (Last, First, Middle) Rhodon Ronald				Race W	Sex M	Date of Birth 01/02/76		
Charge D.U.I.		Charge						
Charge		Charge						
Victim Name (Last, First, Middle) State of Florida				Race	Sex	Date of Birth		
Local Address (Street, Apt. Number)		City	State	Zip	Phone	Address Source		
Business Address (Street, Apt. Number)		City	State	Zip	Phone	Occupation		
The undersigned 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"/> was observed by _____ who told that he/she saw the arrested person commit the below acts.						
<input type="checkbox"/> confessed to admitting to the below facts.		<input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.						
On the 14th day of August		20	20	at 11:36	<input type="checkbox"/> AM	<input checked="" type="checkbox"/> PM		

On Friday, August 14th, 2020 I responded to a possible Impaired driver complaint called into the Palm Beach County Sheriff's Office Communications Division by Palm Beach County Fire Rescue Personnel from station 33 who were returning from a call in Rescue 33.

PBCFR Personnel advised that they were following a white Lexus bearing Virginia License plate VYX1833. Fire Rescue Personnel advised that the vehicle was driving recklessly east bound on Summit Blvd approaching Congress Avenue. Fire Rescue Personnel advised that the vehicle had been driving on the median and had gotten a flat tire however it was still traveling.

Sgt. K. Marks LD. 5289 arrived in the area and located that vehicle which did in fact have a flat right front tire, I proceeded to the area of Summit Blvd and Congress Ave, where Fire Rescue Personnel and Sgt. Marks advised that the vehicle was still traveling south bound on Congress Ave on a flat tire.

Sgt K. Marks initiated a traffic stop on the vehicle as I arrived n scene to back him up, I observed Sgt Mark approach the drivers side of the vehicle at which time the driver a white male wearing a blue shirt exited the and stumbled toward the back of the vehicle. I observed the subject to be unsteady on his feet, I noted that his clothing was dis-shoveled.

Upon speaking with the male he identified himself verbally as Ronald E. Rhodon, he had difficulties spelling his name when he spoke to D/S J. Williams. Based on my observations thus far I requested that Inv. G. Lynch LD. 8588 of the Palm Beach County Sheriff's Office Violent Crimes Division Traffic Unit respond to the scene to conduct a D.U.I. investigation.

The foregoing instrument was sworn to and affirmed before me this <u>14th</u> day of <u>August</u> 20 <u>20</u> , by:		
<u>D/S M. Smith #9921</u>	<u>D/S V. Blackman</u>	<u>8396</u>
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Name of Arresting/Investigating Officer	
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	Signature of Arresting/Investigating Officer	
		Page 1 of 1

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 10 DAY OF AUG 20 20, AT 23:27 AM PM

SUBJECT: Rhoton Jr, Ronald, Eugene CASE NUMBER: 20097409

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV G. LYNCH 8568

PERSONAL CONTACT

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

On 8/14/20 I responded to Congress Ave/ Summit Blvd, in Palm Beach County, in reference to a traffic stop, with a possibly impaired driver. Upon arrival I met with D/S Blackman id 8395.

D/S Blackman advised that he responded to the area in reference to a mobile eyes complaint of a possibly impaired driver. The complainant was Palm Beach County Fire Rescue personal who advised they were behind a white Lexus, bearing VA tag VYX1833, that was driving recklessly on Summit Blvd. Palm Beach County Fire Rescue advised the Lexus was driving on the median and had a flat tire. Sgt. Marks initiated a traffic stop as D/S Blackman arrived. D/S Blackman observed the driver, Ronald Rhoton, as he exited the car. Ronald stumbled toward the rear of the car and had difficulty maintaining balance. I spoke with Sgt. Marks who advised he first made contact with the car at Summit Blvd/ Congress Ave. The vehicle waited several cycles of the green traffic light before proceeding south. The front passenger side tire of the car was flat and Ronald appeared to not have noticed driving on the flat.

OBSERVATION OF DRIVER:

I made contact with Ronald, who was leaning his car. I had Ronald stand in front of my patrol car. I observed Ronald exhibited a sway while standing still. Ronald appeared to have difficulty paying attention and rambled on when speaking. Ronald's eyes were glassy. Ronald advised that he had a medical issue and showed me a spot on his left arm, that was possibly infected. Ronald advised that he takes Adderall and Xanax and last took his medication 4-6 hours prior. Ronald denied drinking any alcohol or taking illegal drugs. Based on my observations I asked Ronald to perform standard field sobriety tasks.

DRIVER'S STATEMENTS:

ODORS:

GENERAL OBSERVATIONS

SPEECH:

ATTITUDE: Moodswings from calm/ cooperative to angry

CLOTHING:

MEDICAL/OTHER:

STATE OF FLORIDA
COUNTY OF PALM BEACH

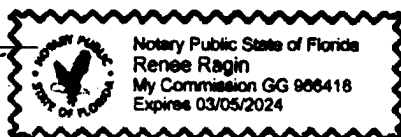
INV G. LYNCH 8568

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 15 day of AUG 20 20 by INV G. LYNCH 8568

(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)



SUBJECT: Rhoton Jr, Ronald, Eugene

CASE NUMBER 20097409

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:

REFUSED Ronald was asked to stand with his feet together and place his hands by his sides. Ronald was asked to focus on the stimulus and follow it with his eyes. Ronald was told not to move his head to assist in following the stimulus. I did not observe a lack of smooth pursuit in either of Ronald's eyes or distinct and sustained nystagmus at maximum deviation. I did not observe an onset of nystagmus prior to 45 degrees. I observed vertical nystagmus in both of Ronald's eyes. I observed a lack of convergence in Ronald's eyes, as his left eye moved away from his nose and his right eye did not move in at all. Ronald had to be reminded not to move his head, several times. Ronald exhibited a sway throughout the task.

WALK & TURN:

I utilized yellow duct tape to make a straight level, free of debris, that Ronald advised he could see. I explained and demonstrated the task to Ronald. During the instructions Ronald was unable to maintain the instructions stance, stepping out of the position several times. After completing the instructions Ronald advised he understood and had no questions. During the task Ronald missed heel-to-toe steps and stepped off the line several times. Ronald used his arms for balance and paused to steady himself. After the 6th step Ronald stumbled and began again, without being instructed to do so. Ronald removed his shoes stating they were affecting his balance. Ronald again missed heel-to toe steps and stepped off the line. Ronald paused and used his arms for balance. Ronald took the incorrect number of steps, taking 12 steps, both ways, and did not turn as instructed.

ONE LEG STAND:

I explained and demonstrated the task to Ronald. During the instructions Ronald separated his feet for balance. After completing the instructions Ronald advised he understood and had no questions. During the task Ronald exhibited a sway and hopped. Ronald used his arms for balance and put his foot down prior to 30 seconds elapsing. Ronald had to be reminded, to look down at his foot and keep his leg strait.

FINGER TO NOSE:

I explained and demonstrated the task to Ronald. After completing the instructions Ronald advised he understood. During the task Ronald made no attempt to touch his nose and would hold his arm out to the side. I again re-explained that he was supposed to touch his nose with the hand called for. Ronald again advised he understood. I began again and Ronald again made no attempt to touch his nose and then asked if he was supposed to touch his nose. I again re-explained and Ronald advised he understood. During the task Ronald missed touching the tip of his nose and used the pad of his finger several times. Ronald failed to return his hand to his side after touching his nose, every time, despite being reminded every time. Ronald failed to keep his head tilted back.

ROMBERG ALPHABET:

Prior to beginning Ronald stated he knew the entire alphabet, in order, without issue. I explained and demonstrated the task to Ronald. After completing the instructions Ronald advised he understood. During the task Ronald exhibited a sway. Ronald began to sing the alphabet, which he was instructed not to do. Ronald stopped after letter "E" and stated he was going to do it without singing it, and began again. Ronald started again reciting the alphabet singing again. Ronald failed to keep his head tilted back and eyes closed.

BREATH TEST RESULTS:

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV G. LYNCH 8568

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 15 day of AUG 2020 by INV G. LYNCH 8568

(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)



TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT:

CASE NUMBER:

DATE:

VIDEO DVD NUMBER:

BEGINNING TIME:

ENDING TIME:

BREATH TESTS RESULTS: 1) TIME A.M. P.M. 2) TIME A.M. P.M.
3) TIME A.M. P.M. 4) TIME A.M. P.M.

BREATH OPERATOR:

MAINTENANCE TECHNICIAN:

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

MEDICATIONS:

OTHER:

Eyes glassy

COMMENTS:

Arrived at center A/O started 20 minute observation period at 00:25 hrs.

Subject agreed to take test.

Tech. read test result.

Subject stated he understood test result.

A/O ask for urine @ 01:07 and subject stated he would provide a urine sample.

A/O read I/C.

Subject stated he understood I/C and stated would a urine sample.

A/O read rights.

Subject stated he understood rights.

No Q&A conducted.

A/O called urine refusal @ 01:13

REFUSED

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: 08/15/2020

Date of Last Agency Inspection: 08/14/2020

Observation Period Began: 00:25

Subject's Name: RONALD E RHOTON JR

DOB: 01/02/1976 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	01:00
	Air Blank	0.000	01:00
	Control Test	0.079	01:00
	Air Blank	0.000	01:01
	Subject Sample #1	0.000	01:02
	Air Blank	0.000	01:02
	Air Blank	0.000	01:04
	Subject Sample #2	0.000	01:05
	Air Blank	0.000	01:05
	Control Test	0.078	01:05
	Air Blank	0.000	01:06
	Diagnostics Check	OK	01:06

Cylinder Lot: 14020080A1
Exp: 07/05/2022

State of Florida, County of Palm Beach

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

I RENEE M RAGIN, 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: 08/15/20
Signature

Sworn to (or affirmed) before me this 15 day of Aug, 2020

[Signature] Signature of Notary Public-State of Florida
Inv. G Lynch 8568 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: White, J. L. CASE NUMBER: 0-077109

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: Robert S. Arnold E. CASE NUMBER: 17901

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: _____

WITNESS LIST

CASE NUMBER: 20097409

ARRESTING OFFICER: INV G. LYNCH 8568

ADDRESS: HQ

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

CAN TESTIFY TO: FACTS OF CASE

NAME: D/ BLACKMAN 8395

ADDRESS: DIST 1

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

CAN TESTIFY TO: TRAFFIC STOP, IDENTIFY DRIVER

NAME: SGT. MARKS 5289

ADDRESS DIST 1

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

CAN TESTIFY TO: TRAFFIC STOP, IDENTIFY DRIVER

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (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 _____

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ADDRESS _____

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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: _____

NOT A CERTIFIED COPY



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: 2020019408	Date: 8/15/2020
	Specialist Name/ID: Gammage/5660