

052 1871

21CT 3655

303

OBTS Number		ARREST / NOTICE TO APPEAR Juvenile Referral Report			1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile	N										
Agency ORI Number FLO 50000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE			Agency Report Number (N.T.A.'s only) 06-21-042592																
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"/>		Weapon Seized / Type N 1. Yes 2. No		Multiple Clearance Indicator 01					
Location of Arrest (Including Name of Business) NB HAGEN RANCH ROAD AND EMERALD POINTE BLVD						Location of Offense (Business Name, Address) NB HAGEN RANCH ROAD AND EMERALD POINTE BLVD															
Date of Arrest 03/07/2021		Time of Arrest 0705		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle ATLANTIC TOWING TOW YARD									
Name (Last, First, Middle) RODLITZ, SCOTT, MATTHEW										Alias (Name, DOB, Soc. Sec. #, Etc.)											
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W M		Date of Birth 04/03/1976		Height 6'01		Weight 250		Eye Color Hazel		Hair Color Gray		Complexion light		Build large					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATTOO ON BACK										Marital Status MARRIED		Religion NONE		Indication of Alcohol Influence Drug Influence		Y N Unk <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Local Address (Street, Apt. Number) 8324 GRAND MESSINA CIRCLE				City BOYNTON BEACH, FL, 33472				State FL		Zip 33472		Phone (206) 321-2092		Residence Type: 1. City 2. County 3. Florida 4. Out of State							
Permanent Address (Street, Apt. Number) 8324 GRAND MESSINA CIRCLE				City BOYNTON BEACH, FL, 33472				State FL		Zip 33472		Phone (206) 321-2092		Address Source FL DL							
Business Address (Name, Street) UK				City UK				State UK		Zip UK		Phone UK		Occupation UK							
DL Number, State R343793761230, FL				Soc. Sec. Number				INS Number				Place of Birth (City, State) NEW YORK CITY, NYN		Citizenship YES							
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							
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							
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Name (Last) (First) (Middle)				Address (Street, Apt. Number) (City) (State) (Zip)				Residence Phone () () () Business Phone () () ()											
Notified by: (Name)				Date		Time		Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated													
Released To: (Name)						Relationship				Date		Time									
The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2528) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)										School Attended		Grade									
Property Crime? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property						Value of Property													
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other		Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetic		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 # 21-042592		Warrant / Capias Number N/A				Bond									
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number				Violation of ORD #									
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond									
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number				Violation of ORD #									
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond									
Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number				Violation of ORD #									
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond									
Location (Court, Room Number, Address) 3228 Gun Club Road, West Palm Beach, FL. 33406												Court Date and Time Month April Day 8TH Year 2021 Time 8:30 AM <input checked="" type="checkbox"/> 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											
HOLD for other Agency Name:		Signature of Arresting Officer				Name Verification (Printed by Arrestee) (PRINT)															
<input type="checkbox"/> Dangerous <input type="checkbox"/> Subsidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Open		Name of Arresting Officer (Print) D/S Iraheta, R.				I.D.# 20325													
Intake Agency		D.#		Pouch #		Transporting Officer D/S Iraheta, R.				ID # MAR 09 2021											
Witness here if subject signed with an -X-																					

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	Juvenile	
ADMIN	Agency ORI Number FLO 500000	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06-					
	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"/>	Special Notes:
DEF	Name (Last, First, Middle) Rodlitz, Scott,			Alias	Race W	Sex M	Date of Birth 04/03/1976	
	Charge Description DUI		316.193 (1)					
VICTIM	Victim's Name (Last, First, Middle) State of FL			Race	Sex	Date of Birth		
	Local Address (Street, Apt. Number) .			(City)	(State)	(zip)	Phone ()	
	Business Address (Name, Street)			(City)	(State)	(zip)	Phone ()	
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody</p> <p><input checked="" 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.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the 7th day of March 2021 at 634 <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>								
<p>I responded to the area of Lake Ida Road and Hagen Ranch Road in unincorporated Delray Beach, Florida for a possibly impaired driver that PBSO Lieutenant Bailey was attempting to stop. Upon arrival in the area I could see a marked PBSO vehicle with its emergency lights activated and a vehicle directly in front stopped. The vehicle then drove southbound with the marked PBSO vehicle with its emergency lights activated directly behind. I made a U-turn as the vehicles passed and caught up a short time later. I could see the vehicle was a gold Nissan Rogue bearing FL tag NMRT22 and it was drifting from the inside lane to the outside lane of southbound Hagen Ranch Road with the marked PBSO vehicle with its emergency lights still activated. Its speeds were varying and inconsistent. Once I caught up the marked PBSO vehicle moved to the inside lane and I pulled my marked PBSO vehicle up behind the Nissan Rogue. I activated my emergency lights and siren and the Rogue came to a stop just north of Hagen Ranch Road and Gateway Road. I ordered the driver, via my PA speaker, to place the vehicle in park and shut off the engine. The driver a white male who was later identified as Scott Rodlitz put both of his hands out of the Rogue's front driver side window. I walked up and made contact with Rodlitz who appeared dazed and disoriented. His eyes were glassy and I told him who I was and the reason for the stop. As he began to speak with me I could hear that his speech was garbled and slow at some points. I asked where he was going and he could not answer the question, he just mumbled. I asked if he had any medial reasons why he would be driving so poorly and he said no. I asked for his driver license, registration, and proof of insurance. He fumbled through his glove box for a few moments before attempting to check his wallet. He slowly attempted to take his wallet out of his pocket and kept feeling his left buttock. I could see his wallet was in his front left pocket and told him where it was. Rodlitz then slowly moved his left hand to his front pocket and took the end of his wallet chain which was not connected to his wallet and began fumbling with the keys and latch that was attached. I told him that was not the wallet and he slowly gazed at me. He then asked if he could get out of his vehicle. As Rodlitz did, he was moving slowly and unsteady on his feet. I had to direct him to the rear of his vehicle for his safety. Shortly after this Deputy Iraheta ID 20325 arrived and conducted a DUI investigation.</p>								
<p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p style="text-align: center;">Sgt. Seth Perrin</p> <p>(Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this 7th day of March 2021 by Sgt. Seth Perrin</p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced known</p> <p style="text-align: center;">20325</p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>								

SCANNED
MAR 09 2021

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 7th DAY OF March 20 21, AT 6:30 (AM) PM
SUBJECT: Scott Mathew Rodlitz CASE NUMBER: 21-042592
AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S Irabeta

PERSONAL CONTACT

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

Did not observed, see Witness Statement.

OBSERVATION OF DRIVER: Driver Rodlitz was wearing a blue shirt and Gray sweatshirt and Camo shorts with Black Sandals. He had glassy Eyes with Pin Point Pupils. Rodlitz could not answer simple questions about Himself or where He was heading. Driver was not making sense when answering questions.

DRIVER'S STATEMENTS: He was coming from Tamarac and going to his friends House.

ODORS: Did not smell any odors Due to Mask

GENERAL OBSERVATIONS

SPEECH: Could not form sentences correctly.

ATTITUDE: Hot and Cold, Passive and Argumentative

CLOTHING: Blue Shirts, Gray sweatshirt, Camo shorts, Black Sandals.

MEDICAL/OTHER: Arthritis, Back problems.

STATE OF FLORIDA
COUNTY OF PALM BEACH

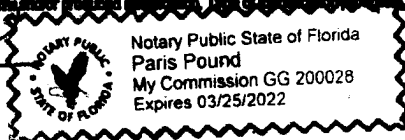
(Signature of Arresting Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this

7th day of March 20 21 at D/S Irabeta

(Print name of Arresting Investigative Officer, who is personally known to the notary and produces the proper form of identification)

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



SCANNED

MAR 09 2021

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: Glassy Eyes with Pin Point Pupils.

WALK & TURN: Could not perform walk and turn as instructed. Could not walk Heel to toe on white line. The Heel and toe did not touch when walking. He walk more than 9 steps away from camera. He was told to come back. He walked more than 9 steps on his return without touching Heel to toe.

ONE LEG STAND: He could not performed. He explained He had medical issues with his back and could not performed.

FINGER TO NOSE: Not Performed

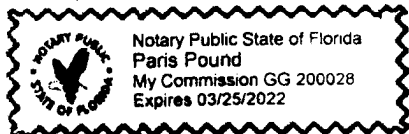
ROMBERG/ALPHABET: Not Performed

BREATH TEST RESULTS: 00, 000

STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature]
(Signature of Arresting/Investigative Officer)
The foregoing instrument was notarized or sworn before me this 7th day of March 2021 by [Signature] 20825
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
MAR 09 2021

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

I, D/S Iraheta, R., a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Palm Beach Sheriff's Office, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 7th day of March, 20 21, at 6:30 P.M. A.M.

DRIVER Scott Matthew Rollitz
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# R343793761230, state of Florida, was placed under lawful arrest for

the offense of DUI by D/S Iraheta, R. 20325 and
(Name of Arresting Officer)

issued Citation # A2GQQBP

That on or about the 7th day of March, 20 21, at 9:16 P.M. A.M.
in Palm Bch. 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] 20325
Signature of Law Enforcement Officer or
Correctional Officer

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



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before

me this 7th day of MARCH, 20 21,

by _____,

who is personally known to me or who has produced

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.

SCANNED
MAR 09 2021

**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: 03/07/2021

Date of Last Agency Inspection: 02/12/2021
Observation Period Began: 08:10
Subject's Name: SCOTT M RODLITZ

DOB: 04/03/1976 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	08:37
Air Blank	0.000	08:37
Control Test	0.078	08:37
Air Blank	0.000	08:38
Subject Sample #1	0.000	08:38
Air Blank	0.000	08:39
Air Blank	0.000	08:41
Subject Sample #2	0.000	08:41
Air Blank	0.000	08:42
Control Test	0.079	08:42
Air Blank	0.000	08:43
Diagnostics Check	OK	08:43

Cylinder Lot: 22620080A2
Exp: 10/05/2022

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: _____ Date: 03/07/21
Signature

Sworn to (or affirmed) before me this 07 day of Mar., 2021

Signature of Notary Public-State of Florida: [Signature] Printed Name of Notary Public-State of Florida: D/S. Iraheta #20325

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.

**SCANNED
MAR 09 2021**

TESTING FACILITY TASK REPORT

AGENCY: PBSO
SUBJECT: Rodlitz, Scott M. CASE NUMBER: 21-042592
DATE: Mar 7, 2021 VIDEO DVD NUMBER: N/A
BEGINNING TIME: 08:32 ENDING TIME: 08:52

BREATH TESTS RESULTS: 1) .000 TIME 08:38 A.M. P.M. 2) .000 TIME 08:41 A.M. P.M.
3) N/A TIME ----- A.M. P.M. 4) N/A TIME ----- A.M. P.M.

BREATH OPERATOR: R. Ragin # 16877
MAINTENANCE TECHNICAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred
ATTITUDE: Talkative, upset, fidgety, moodswings
CLOTHING: Green camo shorts, blue polo shirt, black flip-flops
MEDICAL CONDITIONS: Yes
MEDICATIONS: Don't Know!

OTHER:
Eyes glassy

REFUSED

COMMENTS:

Arrived at center A/O started 20 minute observation period at 08:10 hrs.
Subject agreed to take test.
Tech read test results.
Subject stated he understood test results.
A/O requested to provide urine at 08:44 hrs..
Subject agreed to provide urine.
A/O read I/C.
Subject stated he understood I/C and agreed to provide urine.
A/O read rights.
Subject stated he understood rights.
A/O attempted Q&A.
Subject answer some questions.
Urine provide @ 09:16 Refusal

SCANNED
MAR 09 2021

WITNESS LIST

CASE NUMBER: 21-042592

ARRESTING OFFICER: D/S Iraheta, R. ID.20325

ADDRESS: DISTRICT 4

PHONE NUMBERS (HOME): _____ (WORK) 561-688-4760

CAN TESTIFY TO: DIU INVESTIGATION AND ARREST

NAME: LT. Bailey, D.

ADDRESS: 3228 GUN CLUB ROAD, WPB. FL. 33406

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

CAN TESTIFY TO: DRIVING PATTERN

NAME: SGT. PERRIN, ID. 7924

ADDRESS DISTRICT 4

PHONE NUMBERS (HOME) _____ (WORK) 561-688-4760

CAN TESTIFY TO: DRIVING PATTERN

NAME: D/S CHRISTIAN, D. ID. 9125

ADDRESS DISTRICT 4

PHONE NUMBERS (HOME) _____ (WORK) 561-688-4760

CAN TESTIFY TO: VEHICLE INVENTORY AND TOW.

NAME: D/S PUJOL, ID. 8530

ADDRESS DISTRICT 4

PHONE NUMBERS (HOME) _____ (WORK) 561-688-4760

CAN TESTIFY TO: BACK UP DEPUTY

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

SCANNED
MAR 09 2021

Reidtz, Scott M

CASE NUMBER 210

QUESTIONS AND ANSWERS

PLEASE ANSWER ALL QUESTIONS WITH THESE RIGHTS IN MIND: YOU HAVE THE RIGHT TO STOP AT ANY TIME IF YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? YES

WHERE WERE YOU GOING? I WAS GOING TO TAMMASCUS.

WHAT STREET OR HIGHWAY WERE YOU ON? Does not Remember

DIRECTION OF TRAVEL? N WHERE DID YOU START? Tammascus

WHAT TIME DID YOU START? DONT REMEMBER WHAT TIME IS IT NOW? DONT KNOW

WHAT IS TODAY'S DATE? 3/05/21 WHAT DAY OF THE WEEK IS IT?

WHAT COUNTY AND STATE ARE YOU IN NOW?

WHAT DID YOU DRINK? WHAT DID YOU EAT?

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS?

HOW MUCH DO YOU WEIGH? HAVE YOU BEEN DRINKING? WINE

HOW MUCH? UNKNOWN WITH WHOM?

WHEN DID YOU HAVE YOUR FIRST DRINK? AND YOUR LAST DRINK?

HOW DID YOU CONSUME YOUR LAST DRINK?

DID YOU FEEL THE EFFECTS OF THE ALCOHOL? ARE YOU UNDER THE INFLUENCE?

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? HOW MUCH?

WHERE? WHERE?

HOW MANY COFFEES ARE YOU DR? WHEN DID YOU LAST DRINK?

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? WHAT?

HOW DID YOU GET INJURED? WHAT'S WRONG?

DO YOU FLAME? DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY?

WAS YOU IN AN ACCIDENT TODAY?

DO YOU HAVE ANY BRUISES OR SWELLING ANY WHERE ON YOUR BODY TODAY?

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? WHO?

DO YOU HAVE ANY PRESCRIPTION DRUGS? WHAT?

- DO YOU WEAR: GLASSES? _____
- FALSE TEETH? _____
- EAR INJECTIONS? _____
- DRUGS FOR EYES? _____
- GLASSES? _____

DO YOU WEAR OR USE CONTACT LENSES OR YOUR EYES THAT ARE NOT CORRECTED BY GLASSES?

IF SO, WHEN WAS YOUR LAST INJECTION? MAR 09 2021

HAVE YOU EVER HAD A DRIVER LICENSE?

DO YOU HAVE A DRIVER LICENSE?

DO YOU HAVE A DRIVER LICENSE?



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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021005699	Date: 3/8/2021
	Specialist Name/ID: T Howard/7185

SCANNED
MAR 09 2021